

CLAIMS ONLY	Application Number <div style="font-size: 1.2em; font-family: cursive;">10/790812</div>	Filing Date 
Applicant(s)		

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep		Depend		Indep		Depend	
1	/						51							
2							52							
3							53							
4		/					54							
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45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
Total Indep	3						Total Indep							
Total Depend	17						Total Depend							
Total Claims	20						Total Claims							